

GIRL TALK | Teen Postpartum Baseline Questionnaire After Infant Death

NOTE: Interviewers must conduct interviews on paper for all baseline interviews where the infant died. For improved usability, sections to be skipped have been “grayed” out.

ENTER TEEN ID: _ _ _ _ _

MF. ENTER TEEN’S RELATIONSHIP TO MOTHER-FIGURE (FROM ENROLLMENT FORM):

- 01. MOTHER-FIGURE IS BIOLOGIC MOM
- 02. MOTHER-FIGURE IS NOT BIOLOGIC MOM
MF_SP SPECIFY RELATIONSHIP OF TEEN’S M-F: _____
- 03. NO M-F IN STUDY

(FOR “mother/mother-figure”: PROGRAM “**mother**” IF MF=01 or 03, OR “**mother-figure**” IF MF=02)

SECTION A: DEMOGRAPHICS - BABY

[NOTE-BEFORE BEGINNING INTERVIEW:

***PROVIDE CONDOLENCE AROUND BABY’S DEATH.**

***ASK HOW SHE IS DOING.**

***OFFER COUNSELING REFERRAL CONTACTS.]**

***START WITH Q1. THEN CONTINUE WITHOUT ASKING Q2-4 ALOUD.**

1. Did you get to name the baby? (IF SHE DID, SAY SOMETHING NICE ABOUT THE NAME)

_____ (ENTER BABY’S NAME IF AVAILABLE, OR ENTER ‘the baby’)

***COMPLETE Q2-4 WITHOUT ASKING ALOUD, AND SKIP TO Q.B1**

2. **WHEN WAS BABY BORN?**

(INSERT From DMS- ‘Delivery Confirmation Form’)

| _ _ _ | _ _ _ | _ _ _ _ _ | (MM/DD/YYYY format)

3. **IS (INSERT BABY’S NAME) LIVING WITH YOU NOW?**
(RECORD 02)

01. Yes (SKIP TO Q8)

02. No

4. **WHERE IS BABY?**
(RECORD 02)

01. HOSPITAL (GO TO Q5)

02. **DIED (SKIP TO SECTION B Q1)**

03. PLACED IN FOSTER CARE (SKIP TO Q9)

04. LIVING WITH FATHER’S RELATIVES (SKIP TO Q8)

05. LIVING WITH OTHER RELATIVES (SKIP TO Q8)

06. OTHER (ASK 4sp)

4sp. Specify: _____ (SKIP TO Q8)

[ASK Q5-7 ONLY IF Q4=01 --BABY IN HOSPITAL]

5. What hospital is (INSERT BABY'S NAME) in?

- 01. GEORGETOWN UNIVERSITY HOSPITAL
- 02. GEORGE WASHINGTON UNIVERSITY HOSPITAL
- 03. HOWARD UNIVERSITY HOSPITAL
- 04. PROVIDENCE HOSPITAL
- 05. WASHINGTON HOSPITAL CENTER
- 06. GREATER SE HOSPITAL
- 07. HOLY CROSS HOSPITAL
- 08. PG COUNTY HOSPITAL
- 09. CHILDREN'S NATIONAL MEDICAL CENTER
- 10. OTHER (ASK 5sp.)

5sp. Specify: _____

6. Why is (INSERT BABY'S NAME) still in the hospital? (CHECK ALL THAT APPLY)

- 01. BIRTH INJURY
- 02. CONGENITAL MALFORMATION
- 03. RESPIRATORY (BREATHING PROBLEMS)
- 04. HEART OR KIDNEY PROBLEMS
- 05. PREMATURE
- 06. JAUNDICE
- 07. INFECTION
- 08. SURGERY
- 09. FEEDING PROBLEMS
- 10. OTHER (ASK 6sp.)

6sp. Specify _____

7. How soon do you expect (INSERT BABY'S NAME) to leave the hospital?

Would you say...

- 01. Within a week
- 02. Within a month, or
- 8 You don't know

ASK A8+A9 ONLY IF Q3=01 -- BABY WITH TEEN)

8. Currently, does (INSERT BABY'S NAME) spend 4 or more nights each week with you?

- 01 Yes (SKIP TO Q10)
- 02 No (ASK Q8a)

8a. Where does (INSERT BABY'S NAME) usually stay at night? (CHECK ALL THAT APPLY)

- 01 BABY'S FATHER
- 02 MY PARENTS
- 03 PARENTS OF BABY'S FATHER
- 04 OTHER RELATIVE
- 05 FRIEND
- 06 OTHER (ASK Q8a_sp)

8a_sp. Specify _____

9. Is this living situation something that was a legal requirement such as foster placement?

- 01 Yes
- 02 No

[ASK ONLY IF BABY WITH TEEN (Q3=01) OR IN HOSPITAL (Q4=01)]

10. Where do/will you take (INSERT BABY'S NAME) for health care?

- 01. PRIVATE DOCTOR'S OFFICE
- 02. COMMUNITY HEALTH CLINIC
- 03. HOSPITAL CLINIC
- 04. HOSPITAL
- 05. SOME OTHER PLACE (ASK 10sp)
10sp. Please specify: _____
- 8 DON'T KNOW (ASK 10a)

IF Q10=-8 (DON'T KNOW) ASK:

10a. Why don't you know yet? (CHECK ALL THAT APPLY)

- 01. HAVEN'T THOUGHT ABOUT IT
- 02. NO MEDICAID/INSURANCE
- 03. NEED TO FIND A DOCTOR
- 04. NO TRANSPORTATION
- 05. SOMEONE ELSE TAKES THE BABY
- 06. OTHER (ASK 10a_sp.)
10a_sp. Specify _____

[ASK ONLY IF BABY WITH TEEN (Q3=01)]

11. Since you brought (INSERT BABY'S NAME) home, has he/she been to see a health provider?

- 01 Yes (SKIP TO Q12a)
- 02 No (ASK 11a)

11a. Why not? (CHECK ALL THAT APPLY)

- 01 No Medicaid/insurance
- 02 Need to find a doctor
- 03 No transportation
- 04 Visit is scheduled
- 05 Other (ASK 11a_sp)

11a_sp. Please specify: _____

(ANSWER 11a, then skip to Q12a)

12. Did the baby receive immunizations or shots?

- 01 Yes
- 02 No

[ASK ONLY IF BABY WITH TEEN (Q3=01) OR IN HOSPITAL (Q4=01)]

12a. Are you breast or bottle-feeding? (OR BOTH)

- 01 Breast-feeding **(SKIP TO Q.13)**
- 02 Bottle-feeding **(ASK Q.12b)**
- 03 Both **(SKIP TO Q.13)**

12b. What are the reasons you chose not to breast-feed? (CHECK ALL THAT APPLY)

- 01 DIDN'T GET ANY INSTRUCTIONS
- 02 TOO EMBARRASSED
- 03 HURTS TOO MUCH
- 04 NONE OF MY FAMILY OR FRIENDS BREAST-FED
- 02 OTHER (ASK 12b_sp)

12b_sp. Specify other: _____

I'd like to ask you about your plans for childcare.

13. Will (INSERT BABY'S NAME) be staying daytimes at your home or somewhere else?

- 01 Home
- 02 Somewhere else

14. Who will be taking care of (INSERT BABY'S NAME) daytimes most of the week?

- 01 YOU
 - 02 YOUR FAMILY
 - 03 BABY'S FATHER OR HIS FAMILY
 - 04 HOME DAYCARE
 - 05 GROUP DAYCARE
 - 06 OTHER (ASK 14sp.)
- 14sp. Specify: _____

15. Will you be paying for any childcare?

- 01 Yes (INCLUDES VOUCHER)
- 02 No

SECTION B: RESPONSIBILITY

(FOR "mother/mother-figure": PROGRAM "mother" IF MF=01 or 03, OR "mother-figure" IF MF=02)

1. The next few questions are about the activities you or someone else does around the house. (CHECK ALL THAT APPLY.)	01 TEEN	02 MOTHER/ MF	03 SOMEONE ELSE	04 NO ONE	-7 N/A
a. Who fixes meals? Do you generally do it, does your (mother/mother-figure) or does someone else?					
b. Who does the grocery shopping? Do you generally do it, does your (mother/mother-figure) or does someone else?					
c. Who does the inside cleaning?					
d. Who pays the bills?					
e. Who does the laundry?					

[DO NOT ASK Q.1f-1j OR Q.2 IF BABY DIED OR IS IN FOSTER CARE (A4=02 or 03)]

f. Who takes or will take (INSERT BABY'S NAME) to the doctor or clinic? Do you generally do it, does your (mother/mother-figure) or does someone else?					
g. Who puts (INSERT BABY'S NAME) to bed? Do you generally do it, does your (mother/mother-figure) or does someone else?					
h. Who feeds (INSERT BABY'S NAME)?					
i. Who bathes (INSERT BABY'S NAME)?					
j. Who changes (INSERT BABY'S NAME)'s diapers?					

2. How many people besides you would be able to take care of (INSERT BABY'S NAME) for several hours if needed? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

3. How many friends do you have who you talk to about your problems? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

4. Where do you live?

- 01. IN A SHELTER (SKIP TO Q7)
- 02. ON THE STREET (SKIP TO Q7)
- 03. GROUP HOME (SKIP TO Q7)
- 04. NONE OF THE ABOVE (GO TO Q5)

5. How many people live with you?

_____ (RANGE 1-99)

6. Who lives with you?

	Relationship to Teen (use codes at right)	Age (0-99)
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		

01 My mother	14 Baby's father's grandmother or grandfather
02 My father	15 Baby's father's sibling
03 My parent's partner	16 Baby's father's step or half sibling
04 My grandmother or grandfather	17 Baby's father's other relative
05 My sibling	18 My partner(not biological father)
06 My step or half sibling	19 My partner's parents or other relative
07 My cousin	20 Non-relative/friend
08 My aunt	21 Baby
09 My other relative	22 Other (ASK 6sp.)
10 Baby's father	6sp. Specify
11 Baby's father's mother	_____
12 Baby's father's father	
13 Baby's father's parent's partner	

7. How many times have you moved in the last 5 years, that is since (PROGRAM MONTH + YEAR)? _____ (RANGE 0-25)

8. How long have you been living in this home?

Would you say...

- 01 Less than 3 months
- 02 Less than 1 year
- 03 1-3 years
- 04 More than 3 years

9. Who's home is it?

- 01 OWN PLACE
- 02 PARENTS
- 03 RELATIVES
- 04 PARTNER'S RELATIVES
- 05 PARTNER
- 06 FRIENDS
- 07 FOSTER HOME
- 08 OTHER (ASK 9sp)

9sp. Specify: _____

	01 Yes	02 No
10. Do you feel that you have enough privacy?		
11. Do you have people living with you such as relatives or friends that you wish weren't there?		
12. Do you have neighbors who are really unfriendly or giving you problems?		
13. Do you have trouble finding a place to live that is suitable and you can afford?		

14. In a typical week, about how much time do you spend talking on the phone?

____minutes (LIMIT=0-59)
____hours

15. Do you have a cellphone?

- 01 Yes
- 02 No

16. Do any people living in your house have cellphones?

- 01 Yes
- 02 No

17. How many of your friends have cell phones of their own?

Would you say...

- 01. None
- 02. A few
- 03. Many, or
- 04. Almost all

18. What kind of bank account do you have?

Would you say...

- 01. Savings
- 02. Checking
- 03. Both
- 04. Other
- 05. None

19. About how much are you able to save in an average month?

\$_____ (LIMIT 0-5000)

SECTION C: DEPRESSION

Sometimes people experience difficult situations in their life. The next few questions are about some problems you may have had.

1. (USE SHOWCARD 1) Over the last 2 weeks, how often have you been bothered by any of the following problems:	01 Not at all	02 Several Days	03 More than half the days	04 Nearly every day
a. Little interest or pleasure in doing things? Would you say...				
b. Feeling down, depressed or hopeless? Would you say...				
c. Trouble falling or staying asleep?				
d. Feeling tired or having little energy?				
e. Poor appetite or overeating?				
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?				
g. Trouble concentrating on things, such as reading the newspaper or watching television?				
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?				
i. Thoughts that you would be better off dead or hurting yourself in some way?		**	**	**

**** INSERT WARNING ALERT SCREEN: "TEEN NEEDS MENTAL HEALTH ASSESSMENT"**

	01 Yes	02 No	-7 N/A
2. Are you having regular arguments or conflicts with your present steady boyfriend or partner?			
3. Are you having some sort of problem with any of your former boyfriends or partners?			
4. Is your boyfriend or partner in jail?			
5. Do you get hassled pretty often by bill collectors, collection agencies, or landlord?			
6. Do you or someone in your household have a long-term illness?			

7. In the last 12 months, have any of these events happened to you or people you lived with?	01 Yes	02 No
a. (DO NOT READ—MARK 01) DEATH OF A FAMILY MEMBER?	X	
b. Death of a friend?		
c. Incarceration of family member?		
d. Any kind of violent act such as: being shot, mugged, robbed, raped, beat-up in the last 12 months?		
e. Evicted?		
f. Job loss?		
g. Drug problem in the last 12 months? (IF YES, ASK 7g-1)		
7g1. And who was that? (ASK ONLY IF 7g=YES)	01 MOTHER (IF NOT MOTHER-FIGURE) 02 MOTHER-FIGURE 03 SELF 04 OTHER	
h. Alcohol or drinking problem? (IF YES, ASK 7h-1)		
7h1. And who was that? (ASK ONLY IF 7h=YES)	01 MOTHER (IF NOT MOTHER-FIGURE) 02 MOTHER-FIGURE 03 SELF 04 OTHER	
i. Deeply in debt?		
j. Divorce or separation?		

SECTION D: HEALTH BEHAVIORS

This next section is about health behaviors.

1. Since you left the hospital, have you been to the clinic or seen a doctor for an OB or GYN visit?

- 01 Yes (ASK Q1a)
02 No (GO TO Q2b)

- 1a. Where did you go?

Specify _____

2. Did the clinic or doctor recommend a birth control method?

- 01 Yes (ASK Q2a)
02 No (ASK Q3)

2a. What method? (MARK ALL THAT APPLY) (ANSWER, THEN SKIP TO Q.3)

- 01 CONDOMS
 - 02 BIRTH CONTROL PILLS
 - 03 DEPO PROVERA (SHOTS)
 - 04 PATCH
 - 05 NORPLANT (IMPLANT)
 - 06 VAGINAL SPONGE
 - 07 FOAM/JELLY/CREAM/FILM/SUPPOSITORIES
 - 08 DIAPHRAGM
 - 09 IUD
 - 10 RHYTHM/TEMPSAFE
 - 11 WITHDRAWAL
 - 12 DOUCHING
 - 13 ABSTINENCE
 - 14 OTHER (ASK 2a_sp)
- 2a_sp Specify:** _____

(ASK IF Q1=No)

2b. Do you have an appointment to see a doctor for an OB or GYN visit?

- 01 Yes (ASK Q2c, THEN SKIP TO Q3)
- 02 No (ASK Q2d, THEN GO TO Q3)

(ASK IF Q2b=Yes)

2c. Where do you plan to go?

_____ (ANSWER AND SKIP TO Q3)

(ASK IF Q2b=No)

2d. Why not?

3. Did you leave the hospital where you delivered with a birth control method?

- 01 Yes (ASK Q.3sp)
- 02 No (SKIP TO Q.4)

3sp. What method? (SELECT ALL THAT APPLY)

- A. CONDOMS
- B. BIRTH CONTROL PILLS
- C. DEPO PROVERA (SHOTS)
- D. PATCH
- E. NORPLANT (IMPLANT)
- F. VAGINAL RING
- G. VAGINAL SPONGE
- H. FOAM, JELLY, CREAM, FILM, OR SUPPOSITORIES
- I. DIAPHRAGM
- J. IUD
- K. RHYTHM OR SAFE DAYS OF THE MONTH OR TEMPSAFE
- L. WITHDRAWAL
- M. DOUCHING
- N. ABSTINENCE
- O. MORNING AFTER PILL
- P. OTHER
- Q. SPECIFY: _____

4. Which of these methods of birth control have you or your partners been using since you delivered the baby?

	<u>YES</u>	<u>NO</u>
a. Condoms?	01	02
b. Birth control pills?	01	02
c. Depo Provera (shots)?	01	02
d. Patch?	01	02
e. Norplant (implant)?	01	02
f. Vaginal ring?	01	02
g. Vaginal sponge?	01	02
h. Foam, jelly, cream, film, or suppositories?	01	02
i. Diaphragm?	01	02
j. IUD?	01	02
k. Rhythm or safe days of the month or tempsafe?	01	02
l. Withdrawal?	01	02
m. Douching?	01	02
n. Abstinence?	01	02
o. Morning after pill?	01	02
IF YES: p. How many times since you delivered? ____ times (RANGE 1-99)		
q. Any other method of birth control?	01	02
IF YES: r. SPECIFY: _____		

[IF NOT USING ANY CONTRACEPTIVE (4a- j AND q ALL = “NO”), CONTINUE TO Q5. OTHERWISE SKIP TO Q.6]

5. Why are you not using a contraceptive?
(SELECT ALL THAT APPLY)

01. PARENTS WON'T ALLOW IT
02. AFRAID TO ASK
03. NEVER THOUGHT OF IT
04. DON'T KNOW WHERE TO GO
05. NO TRANSPORTATION TO GET IT
06. TOO EXPENSIVE
07. TOO MUCH HASSLE
08. AFRAID OF SIDE EFFECTS
09. LOST PRESCRIPTION
10. DON'T CARE IF I GET PREGNANT
11. NOT EXPECTING TO GET PREGNANT
12. PARTNER DOESN'T LIKE IT
13. SHE DOESN'T LIKE IT
14. TOO HARD TO GET
15. THINKS IT WON'T WORK
16. DOESN'T HAVE ANY AVAILABLE
17. RELIGION WON'T ALLOW IT
18. TOO SOON TO START
19. DON'T PLAN TO HAVE SEX
20. OTHER (**ASK 5sp**)

5sp. Specify: _____

(ANSWER Q5, THEN SKIP TO Q9)

6. What medical problems do you have with this method(s)? (SELECT ALL THAT APPLY)

- 01 NONE
- 02 MOOD CHANGES/DEPRESSION
- 03 WEIGHT GAIN
- 04 HEADACHES
- 05 BLEEDING BETWEEN PERIODS (MESSED UP PERIODS)
- 06 ACNE
- 07 HAIR LOSS
- 08 OTHER SIDE EFFECTS (ASK 6sp.)
6sp. Specify _____

7. Are you having problems getting birth control supplies?

- 01 Yes (ASK Q8)
- 02 No (SKIP to Q9)

8. What problems are you having? (CHECK ALL THAT APPLY)

- 01 PARENTS WON'T ALLOW IT
- 02 DIDN'T KNOW WHERE TO GO
- 03 NO TRANSPORTATION
- 04 TOO EXPENSIVE
- 05 NEED MEDICAID RENEWAL
- 06 OTHER (Ask 8sp)
8sp. Specify: _____

9. Do you have a doctor or clinic that you go to for your regular health care for illnesses or health check-ups?

- 01 Yes (ASK Q9sp)
- 02 No (SKIP to Q10)

9sp. What is the name of the doctor or clinic?
_____ (OPENED TEXT)

These next questions are about birth control and sexual intercourse. By sexual intercourse we mean when the male puts his penis in a female's vagina.

10. Altogether, how many times have you had sexual intercourse since you delivered the baby?

- 01. 0 (SKIP TO Q12)
- 01. 1 (ASK 10a)
- 02. 2 (ASK 10b)
- 03. 3 (ASK 10c)
- 04. 4 or more (ASK 10d)

10a. Did you use some form of birth control that time? When we say birth control, this includes condoms.

- 01. Yes (SKIP TO Q12)
- 02. No (SKIP TO Q12)

10b. How many of those 2 times did you use some form of birth control? When we say birth control, this includes condoms.

- 01. 0 (SKIP TO Q12)
- 02. 1 (SKIP TO Q11)
- 03. 2 (SKIP TO Q12)

10c. How many of those 3 times did you use some form of birth control? When we say birth control, this includes condoms.

- 01. 0 (SKIP TO Q12)
- 02. 1 (SKIP TO Q11)
- 03. 2 (SKIP TO Q11)
- 04. 3 (SKIP TO Q12)

10d. Think about the last 4 times you had sexual intercourse since you delivered the baby. How many of those times did you use some form of birth control? When we say birth control, this includes condoms.

- 01. 0 (SKIP TO Q12)
- 02. 1 (SKIP TO Q11)
- 03. 2 (SKIP TO Q11)
- 04. 3 (SKIP TO Q11)
- 05. 4 (SKIP TO Q12)

11. Did you use birth control the last time you had sexual intercourse?

- 01 Yes
- 02 No

12. (USE SHOWCARD 2) Now I'd like you to tell me whether you agree or disagree with the following statements...	01 Strongly Agree	02 Agree	03 Disagree	04 Strongly Disagree
a. In general, birth control is too much of a hassle to use. Do you...				
b. In general, birth control is too expensive to buy. Do you...				
c. It takes too much planning ahead of time to have birth control on hand when you're going to have sex.				
d. It is too hard to get a boy to use birth control with you.				
e. For you, using birth control interferes with sexual enjoyment. Do you...				
f. It is easy for you to get birth control.				
g. Using birth control is morally wrong.				
h. If you used birth control, your friends might think that you were looking for sex.				
i. It is better to be prepared with birth control even if you didn't know you would be having sex.				

13.	(USE SHOWCARD 3) Some teenagers don't use birth control because it's hard for them to plan for things like having sex. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	01 Very True	02 Sort of True	03 Not Very True	04 Not At All True	05 NA
	a. If a girl uses birth control boys may think she is <u>too</u> prepared for sex. Is that...?					
	b. It is hard for me to use birth control because I don't like to plan for sex. Is that...?					
	c. Sometimes I have unprotected sex because I don't like boys to think I'm too prepared for sex.					
	d. I don't like to use birth control because if I do my parents and boyfriends will think I'm having sex.					

14.	(USE SHOWCARD 3) Some teenagers don't use birth control because they feel they don't need to. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	01 Very True	02 Sort of True	03 Not Very True	04 Not At All True	05 NA
	a. I don't need birth control because I only have sex during the safe times of the month. Is that...?					
	b. I don't have to use birth control because I've had sex for a while without getting pregnant. Is that...?					
	c. I don't need birth control because my boyfriend is sterile.					
	d. I don't need birth control because my boyfriend is <u>very good</u> at withdrawal.					

15.	(USE SHOWCARD 3) Some teenagers don't use birth control because they don't like the side effects it causes. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	01 Very True	02 Sort of True	03 Not very True	04 Not At All True
	a. I don't like any kind of birth control, so I have to take the chance of getting pregnant. Is that...?				
	b. Using most forms of birth control is more dangerous than pregnancy at my age. Is that...?				
	c. I don't use birth control because it causes too many side effects.				
	d. I can't use any kind of birth control; all kinds give <u>me</u> too many side effects.				
	e. Most people I know think birth control is dangerous; so I'm afraid to use it.				

16. (USE SHOWCARD 4) **If you wanted to use birth control, how sure are you that you could stop yourself and use birth control once you were highly aroused or turned on?**
Would you say...

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

17. (USE SHOWCARD 4) How sure are you that you could plan ahead to have some form of birth control available?

Would you say...

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

18. (USE SHOWCARD 4) How sure are you that you could resist sexual intercourse if your partner did not want to use some form of birth control?

Would you say...

- 01 Very sure
- 02 Moderately sure
- 03 Neither sure nor unsure
- 04 Moderately unsure
- 05 Very unsure
- 06 I NEVER WANT TO USE BIRTH CONTROL

19. When it comes to decisions about sex and birth control who has the final say?

- 01 Your boyfriend always does
- 02 Your boyfriend does most of the time
- 03 You both do the same
- 04 You do most of the time
- 05 You do always

20. Have you ever been told by a doctor or nurse that you had?	01 Yes	02 No	(IF Q.20=YES, ASK 21) 21. Was this in the past year?	01 Yes	02 No
a. Chlamydia					
b. Syphilis					
c. Gonorrhea					
d. HIV or AIDS					
e. Genital herpes					
f. Genital warts (Condiloma)					
g. HPV (Human Papilloma Virus)					
h. Other STDs (IF YES, ASK 20SP.)					
20sp. Specify _____					

22. How is the health provider you usually see at encouraging you to ask questions?

Would you say...

- 01 Very Poor
- 02 Poor
- 03 Good
- 04 Very Good

23a. (USE SHOWCARD 5) **How often** do you and your health care provider talk about sex?

Would you say...

- 01 Nearly Every Visit (SKIP TO Q23b)
- 02 Sometimes (SKIP TO Q23b)
- 03 Rarely (SKIP TO Q23b)
- 04 Never (GO TO Q24a. SKIP Q25a BELOW.)

24a. **Why haven't you ever talked about it? Would you say...**

- 01 They never brought it up
- 02 I never asked
- 03 I was uncomfortable about asking
- 04 I didn't plan to have sex
- 05 Other (ASK 24a_sp)

24a_sp. Specify: _____

23b. (USE SHOWCARD 5) **How often** do you and your health care provider talk about preventing pregnancy or using birth control?

Would you say...

- 01 Nearly Every Visit (SKIP TO Q23c)
- 02 Sometimes (SKIP TO Q23c)
- 03 Rarely (SKIP TO Q23c)
- 04 Never (GO TO Q24b. SKIP Q25b BELOW.)

24b. **Why haven't you ever talked about it? Would you say...**

- 01 They never brought it up
- 02 I never asked
- 03 I was uncomfortable about asking
- 04 I didn't plan to have sex
- 05 Other (ASK 24a_sp)

24a_sp. Specify: _____

23c. (USE SHOWCARD 5) **How often** do you and your health care provider talk about protecting yourself from STD's such as Chlamydia, Gonorrhea, or herpes?

Would you say...

- 01 Nearly Every Visit (SKIP TO Q25a)
- 02 Sometimes (SKIP TO Q25a)
- 03 Rarely (SKIP TO Q25a)
- 04 Never (GO TO Q24c. SKIP Q25c BELOW.)

24c. **Why haven't you ever talked about it? Would you say...**

- 01 They never brought it up
- 02 I never asked
- 03 I was uncomfortable about asking
- 04 I didn't plan to have sex
- 05 Other (ASK 24c_sp)

24c_sp. Specify: _____

25.	(USE SHOWCARD 6) How hard or easy is it or would it be for you to talk with your health care provider about...?	01 Very Hard	02 Hard	03 Easy	04 Very Easy
a.	about sex? Would you say...?				
b.	about preventing pregnancy or using birth control?				
c.	about protecting yourself from STD's such as Chlamydia, Gonorrhea, or herpes?				

Teens have different ideas about how having another baby might affect their life. We would like to ask you a few questions about how YOU feel about having another baby soon, and how you think it might affect your life. There are no "right" or "wrong" answers, we just want to know how you feel.

26. Which of the following comes closest to how you feel?

Would you say...?

- 01 I definitely do not want to get pregnant again soon.
- 02 I wouldn't really mind getting pregnant again soon.
- 03 I would really like to get pregnant again soon.

27. Some teens think that having another baby would have a good effect, and others think the effect would be bad.

a. Tell me which of these statements is most true for you.

- 01. I feel that having another baby soon would get in the way of my plans for the future,
- 02. I feel that having another baby soon would fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.

b. The next statements are...

- 01. Having another baby soon would be too much of a burden on me,
- 02. Having another baby soon would not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.

c. (The next statements are...)

- 01. I would not like myself as much if I had another baby soon,
- 02. I would like myself better if I had another baby soon, or
- 03. I go back and forth, so both are true for me.

d. (The next statements are...)

- 01. I would think less highly of myself if I had another baby soon,
- 02. I would think more highly of myself if I had another baby soon, or
- 03. I go back and forth, so both are true for me.

e. (The next statements are...)

- 01. I feel that having another baby soon would drive my boyfriend and me apart,
- 02. I feel that having another baby soon would bring me closer to my boyfriend, or
- 03. I go back and forth, so both are true for me.

f. (The next statements are...)

- 01. Having another baby soon would cause trouble between me and my boyfriend,
- 02. Having another baby soon would make things better between me and my boyfriend, or
- 03. I go back and forth, so both are true for me.

g. (The next statements are...)

- 01. If I had another baby, I might have to get my own place, which would be worse for me,
- 02. If I had another baby, I could get my own place, which would be better for me, or
- 03. I go back and forth, so both are true for me.

h. (The next statements are...)

- 01. If I had another baby, I would have to move out of my home, which I would not feel good about,
- 02. Having another baby would give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.

The next few questions refer to your mother or mother-figure.

(USE SHOWCARD 7)	01 Disapprove	02 Sort of Disapprove	03 Sort of Approve	04 Approve	05 NOT APPLICABLE
28. If you got pregnant again before finishing your high school degree would your mother...					
29. If you had another baby before finishing your high school degree would your mother...					
30. If you got pregnant again in the next 2 years would your mother...					

SECTION E: RELATIONSHIPS

The next questions are about your relationships.

1. (SHOWCARD 8) Which of these best describes you?

Would you say...

- 01 Never Married (SKIP TO Q2)
- 02 Married (ASK 1a AND 1b THEN SKIP TO Q6)
- 03 Divorced (SKIP TO Q2)
- 04 Widowed (SKIP TO Q2)
- 05 Separated (SKIP TO Q2)
- 06 Other (Ask 1SP)

1sp. If other, please describe: _____ (SKIP TO Q2)

ASK ONLY IF Q1=02 (MARRIED):

1a. Are you living together?

- 01 Yes
- 02 No

1b. When did you get married?

|_|_| | --|_|_| | --|_|_| | (SKIP TO Q.6)

ASK Q2-5 ONLY IF Q1=01,03,04,05,06 (NOT MARRIED)

2. Do you have a boyfriend?

- 01 Yes
- 02 No (SKIP TO Q14)

3. What is your relationship with him?

Are you...

- 01 Dating/friend
- 02 Going together (steady)
- 03 Live together

4. Which of the following statements best describes the feeling between you and him?

Would you say...

- 01 We like each other but we aren't in love
- 02 I love him but he doesn't love me
- 03 He loves me but I don't love him
- 04 We love each other

5. How long have you and he been together?

- 01 WE AREN'T REALLY TOGETHER YET
- 02 LESS THAN A MONTH
- 03 1-3 MONTHS
- 04 4-6 MONTHS
- 05 7-12 MONTHS
- 06 12-18 MONTHS
- 07 OVER 18 MONTHS

5a. How many hours do you spend with him in an average week?

___ (OPEN ENDED TEXT)

[ASK Q6-13 ONLY IF MARRIED (Q1=02) OR WITH BOYFRIEND (Q2=01)]
(FOR "boyfriend/husband": PROGRAM "**boyfriend**" IF Q2=01, OR "**husband**" IF Q1=02)

6. Is your (boyfriend/husband) still in school? Or, has he gone back to school? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HIM CURRENTLY IN SCHOOL.)

- 01 Yes
- 02 No

7. Is he working now?

- 01 Yes
- 02 No (SKIP TO Q10)

8. Is this a full-time or part-time job?

- 01 Full-time only
- 02 Part-time only
- 03 Both

9. Is this a daytime or nighttime job?

- 01 Daytime only
- 02 Nighttime only
- 03 Both

[IF BABY DIED (A4=02) SKIP TO Q.10f]

10.	Does your (boyfriend/husband)?	01 Yes	02 No
a.	Provide some financial support or money for things you need?		
b.	Provide diapers, gifts, food, etc.?		
c.	Help with childcare on a regular basis?		
d.	Help with transportation for either you or the baby?		
e.	Does his family help take care of the baby?		
f.	Does your (boyfriend/husband) expect you to continue your education?		
g.	Want to have a child with you within 1 year?		
h.	Want to have a child with you within 2 years?		
i.	Pressure you to have another baby with him?		

11. Which one of the following statements comes closest to how your (boyfriend/husband) feels?

- 01 He definitely does not want me to get pregnant again soon.
- 02 He wouldn't really mind if I got pregnant again soon.
- 03 He would really like me to get pregnant again soon.

Some teenagers don't use birth control because other people, such as friends, boyfriends, parents, or relatives make it hard for them to do so.

12.	(USE SHOWCARD 9) For each of the following statements, please tell me the answer that <u>best</u> describes how you <u>usually</u> feel.	01 Very True	02 Sort of True	03 Not very True	04 Not At All True
a.	My (boyfriend/husband) won't let me use birth control. Is that...?				
b.	When my (boyfriend/husband) gets excited he won't stop and use birth control even if I ask him to. Is that...?				
c.	I find myself having sex without birth control even when I don't want to because my (boyfriend/husband) insists on it.				
d.	If I talk to my (boyfriend/husband) about using birth control he says it means I don't really love him.				

13. Is your (boyfriend/husband) the father of your baby that died?

- 01 YES (SKIP TO SECTION F: CONNECTEDNESS)
- 02 NO

14. How would you describe your relationship with the biologic father (of your baby that died)?
Would you say you are not together anymore but you still talk, or you don't talk or have any contact, or something else?

- 01. NOT TOGETHER ANY MORE BUT WE STILL TALK
- 02. WE DON'T TALK OR HAVE CONTACT ANY MORE (SKIP TO Q15a)
- 03. I DON'T KNOW WHO THE FATHER IS (SKIP TO SECTION F)
- 04. TEEN WAS RAPED (SKIP TO SECTION F)
- 05. DECEASED (SKIP TO SECTION F)
- 06. OTHER. (ASK 14sp)
14sp. Please explain: _____

15. How often do you have contact with the father? (NOTE: PROBE TO HELP TEEN DECIDE.)

- 01 DAILY (SKIP TO Q16)
- 02 MULTIPLE TIMES A WEEK (SKIP TO Q15b)
- 03 ONCE A WEEK (SKIP TO Q15b)
- 04 A COUPLE OF TIMES A MONTH (LESS THAN ONCE A WEEK) (SKIP TO Q15b)
- 05 ONCE A MONTH (SKIP TO Q15b)
- 06 LESS THAN ONCE A MONTH (SKIP TO Q15b)
- 07 NEVER (ASK 15a)
- 08 OTHER (ASK Q15_sp)

15sp. Specify: _____ (SKIP TO Q15b)

(ASK ONLY IF Q14=02 OR Q15=07)

- 15a. Is there a reason you don't have contact with him? (NOTE: PROMPT TEEN WITH ANSWERS)

- 01 HE DOESN'T WANT ANY
- 02 HE IS IN JAIL
- 04 I DON'T WANT ANY (SKIP TO Q16)
- 03 HE IS DECEASED (SKIP TO SECTION F)
- 05 TEEN WAS RAPED (SKIP TO SECTION F)
- 06 OTHER (ASK 15a_sp)
15a_sp: Specify: _____

- 15b. Would you like to have (more) contact?

- 01 Yes
- 02 No

IF BABY DIED—SKIP TO Q17.

16. (DO NOT ASK) HOW OFTEN DOES BABY'S FATHER HAVE CONTACT WITH BABY?

- 01 DAILY (SKIP TO Q17)
- 02 MULTIPLE TIMES A WEEK
- 03 ONCE A WEEK
- 04 A COUPLE OF TIMES A MONTH (LESS OFTEN THAN ONCE A WEEK)
- 05 ONCE A MONTH
- 06 LESS THAN ONCE A MONTH
- 07 NEVER

16a. (DO NOT ASK) WOULD YOU LIKE HIM TO HAVE MORE CONTACT WITH BABY?

- 01 Yes
- 02 No
- 03 I DON'T CARE

17. Is he still in school? (IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HIM CURRENTLY IN SCHOOL.)

- 01 Yes
- 02 No
- 8 Don't know

18. Is he working or in job training now?

- 01 Yes
- 02 No (SKIP TO Q 21)
- 8 Don't know

19. Is this full-time or part-time?

- 01 Full-time only
- 02 Part-time only
- 03 Both
- 8 Don't know

20. Is this daytime or nighttime?

- 01 Daytime only
- 02 Nighttime only
- 03 Both
- 8 Don't know

[IF BABY DIED (A4=02) SKIP TO Q.21f]

21. Does the father	01 Yes	02 No
a. Provide some financial support or money for things you need?		
b. Provide diapers, gifts, food, etc?		
c. Help with childcare on a regular basis? (SKIP IF Q15a=02)		
d. Help with transportation? (SKIP IF Q15a=02)		
e. Does his family help take care of the baby?		
f. expect you to continue your education?		
g. Want to have another child with you within 1 year?		
h. Want to have another child with you within 2 years?		
i. Pressure you to have another baby?		

SECTION F: CONNECTEDNESS

The next few questions are about your education.

1. What is the highest grade level you have completed?

- 01 Less than 8th grade
- 02 8th grade
- 03 9th grade
- 04 10th grade
- 05 11th grade
- 06 12th grade or GED equivalent
- 07 Vocational program (ASK 1sp)
1sp: How many years in vocational program? _____ years (RANGE 1-10)

2. Are you currently in school or job training? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HER CURRENTLY IN SCHOOL.)

- 01 Yes
- 02 No (SKIP TO Q4)

3. What kind of school or training is it?

- 01 TRADITIONAL OR REGULAR HIGH SCHOOL
- 02 ALTERNATIVE HIGH SCHOOL (**ASK 3a**)
- 03 GED PROGRAM
- 04 VOCATIONAL
- 05 OTHER
3sp. SPECIFY: _____

3a. If alternative is it a...?

- 01 Charter school,
- 02 Program for teen mothers (ASK 3a_2sp)
3a_2sp. Specify name of program: _____
- 03 Home tutor
- 04 Other (ASK 3a_4sp)
3a_4sp. Please specify: _____

4. Did you stop going to school after you knew you were pregnant?

- 01 Yes
- 02 No
- 03 STOPPED GOING TO SCHOOL BEFORE SHE WAS PREGNANT

5. Does the school know you were pregnant?

- 01 Yes
- 02 No

6. Were you involved in any other programs for pregnant teens?

- 01 Yes (ASK 6a)
- 02 No (SKIP TO Q7)

6a. What are they called?

Specify Program 1 _____ (ASK: Any others?)

Specify Program 2 _____ (ASK: Any others?)

Specify Program 3 _____

Now think back to when you last attended school.

7. On an average school day, about how much time did you spend doing homework outside of school?

- 01 NONE
- 02 HALF HOUR OR LESS
- 03 BETWEEN HALF AN HOUR AND AN HOUR
- 04 1 HOUR
- 05 2 HOUR
- 06 3 HOURS OR MORE

8. What grades did you usually earn in school?

Would you say...

- 01 Mostly As
- 02 About half As and half Bs
- 03 Mostly Bs
- 04 About half Bs and half Cs
- 05 Mostly Cs
- 06 About half Cs and half D's
- 07 Mostly Ds
- 08 Mostly below Ds

9. How many close friends did you have at your school?

_____ (OPEN ENDED TEXT)

10. How important is it to you to achieve (reach) your educational goal? (USE SHOWCARD 10)

Would you say...

- 01 Not at all important
- 02 Not very important
- 04 Sort of important
- 05 Quite important
- 06 Very important

11. How far do you hope to go in school?

- 01 HIGH SCHOOL GRADUATION
- 02 GED
- 03 TRADE SCHOOL AFTER HIGH SCHOOL/GED
- 04 COLLEGE
- 05 MORE THAN COLLEGE
- 06 NO FURTHER (**SKIP TO Q13**)
- 07 OTHER (ASK 11sp)
11sp. Specify: _____
- 8 I DON'T KNOW

12. How likely is it that you will achieve or reach your educational goal? (USE SHOWCARD 11)

Would you say...

- 01 Not at all likely
- 02 Not very likely
- 03 Sort of likely
- 04 Quite likely
- 05 Very likely
- 7 N/A

13. How important is it to your (mother/mother-figure) that you...? (USE SHOWCARD 10)	01 Not At All Important	02 Not Very Important	03 Sort of Important	04 Quite Important	05 Very Important
a. Graduate from high school? (NOTE: IF ALREADY GRADUATED ASK: How important was it to your (mother/mother-figure) that you graduate?) Would you say...?					
b. Continue your education after high school? Would you say...?					
c. Get good grades in school?					
d. Get a good job or be successful in a career?					

14. How important is it to you to get a good job or be successful in a career? (USE SHOWCARD 10)

Would you say...

- 01 Not at all important
- 02 Not very important
- 03 Sort of important
- 03 Quite important
- 04 Very important

15. How often do you think about what your life will be like in the future?

Would you say...

- 01 A lot
- 02 Some
- 03 Not at all

16. As you think about your future, how likely is it that you will get a good job or be successful in a career? (USE SHOWCARD 11)

Would you say...

- 01 Not at all likely
- 02 Not very likely
- 03 Sort of likely
- 04 Quite likely
- 05 Very likely

17. What do you think are the chances that each of the following things will happen to you? (USE SHOWCARD 12)	01 Almost No Chance	02 Some Chance, Probably Not	03 A 50-50 Chance	04 A Good Chance	05 Almost Certain
a. You will live to age 35.					
(SKIP 16b IF QE1=02, MARRIED) b. You will be married by age 25.					
c. You will get pregnant again in 1 year.					
d. You will get pregnant again in 2 years.					